

State ARIZONA

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)	Charge Family Size			Liability Period	Frequency of Charges
	1 or 2	3 or 4	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)
\$150 or less					
151 - 200					
201 - 250					
251 - 300		NOT APPLICABLE			
301 - 350					
351 - 400					
401 - 450					
451 - 500					
501 - 550					
551 - 600					
601 - 650					
651 - 700					
701 - 750					
751 - 800					
801 - 850					
851 - 900					
901 - 950					
951 - 1000					
More than \$1000					

TN No. 94-02 Approval Date MAR 15 1994 Effective Date January 1, 1994
Supersedes
TN No. None

State ARIZONA

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

☐ Non-payment does not affect eligibility

☐ Effect is as described below:

NOT APPLICABLE

TN No. 94-02
Supersedes _____ Approval Date MAR 15 1994 Effective Date January 1, 1994
TN No. None